

Case Number:	CM15-0003415		
Date Assigned:	01/14/2015	Date of Injury:	12/14/2011
Decision Date:	03/12/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/07/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old female, who sustained an industrial injury on December 14, 2011. The mechanism of injury is unknown. The diagnoses have included pain in hand (right wrist) and localized osteoarthritis. Treatment to date has included surgery, medications, and physical therapy. Currently, the injured worker complains of moderate pain over the left hand. She noted the stiffness has improved. She was also having symptoms on the left side over the first dorsal compartment as well as over the basal joint region. She is status post right first dorsal compartment release and right thumb basal joint arthroplasty on July 22, 2014. On December 26, 2014, Utilization Review non-certified a left basal joint arthroplasty with tendon interposition and left wrist first dorsal compartment release, noting the American College of Occupational and Environmental Medicine Guidelines. On January 7, 2015, the injured worker submitted an application for IMR for review of a left basal joint arthroplasty with tendon interposition and left wrist first dorsal compartment release.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left basal joint arthroplasty with tendon interposition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The patient is a 52 year old female who had previously undergone right CMC arthroplasty and 1st dorsal compartment release who had requested left sided surgery to include left CMC arthroplasty and left 1st dorsal compartment release. The patient is noted to have left wrist pain and left 1st dorsal compartment pain; however, there has been insufficient documentation of the left 1st CMC joint arthropathy and conservative measures for treatment of a resumed DeQuervain's tenosynovitis. Without definition of the existing pathology, surgical intervention should not be considered medically necessary. As stated by the UR review, there is insufficient documentation of the existing pathology. In addition, there is insufficient documentation of appropriate conservative management of the condition, and thus any surgical intervention should not be considered medically necessary. From ACOEM page 270, with respect to surgical intervention: Referral for hand surgery consultation may be indicated for patients who:-Have red flags of a serious nature.-Fail to respond to conservative management, including worksite modifications.-Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Thus, without clear definition of the existing pathology and justification for surgical treatment, further surgical treatment should not be considered medically necessary.

Left Wrist First Dorsal Compartment Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: The patient is a 52 year old female who had previously undergone right CMC arthroplasty and 1st dorsal compartment release who had requested left sided surgery to include left CMC arthroplasty and left 1st dorsal compartment release. The patient is noted to have left wrist pain and left 1st dorsal compartment pain; however, there has been insufficient documentation of the left 1st CMC joint arthropathy and conservative measures for treatment of a resumed DeQuervain's tenosynovitis. Recommendation is made for an Initial injection into tendon sheath for clearly diagnosed cases of DeQuervain's syndrome, tenosynovitis, or trigger finger (D). This has not been documented. The majority of patients with DeQuervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. Surgery, however, carries similar risks and complications as those already mentioned above (see A, Carpal Tunnel Syndrome), including the possibility of damage to the radial nerve at the wrist because it is in the area of the incision.

